

Kansas Department of Social and Rehabilitation Services Mental Health

Community Support Medication Program (CSMP)
Update Effective 09/01/2007

POLICY

The funds available are a payment resource of **last resort** and will be distributed on a first come, first served basis to persons who reside in a Kansas community and are in need of an atypical anti-psychotic and/or anti-depressant medication, Depakote, Lamictal, or Prolixin for treatment of their mental illness and would be at risk for hospitalization without the support of these medications.

Consideration of generic forms of medication and alternative funding sources are expected.

PROCEDURES

A. Eligibility

To qualify, a person must meet the following criteria:

1. Individuals must meet criteria for serious mental illness (SMI) or serious emotional disturbance (SED) and clinically require an atypical anti-psychotic and/or anti-depressant medication
2. Individuals would be at risk for inpatient psychiatric services, institutionalization, homelessness (or out of home placement for children), and/or intervention by law enforcement in the absence of the clinically required prescribed medication.
3. Individuals must meet the financial criteria evidenced by:
 - a) eligible for Medicaid but currently on a spenddown; or
 - b) at or below 200% of current criteria for poverty level guidelines (see attached), lack private medical insurance covering these medications and have been denied for acceptance into an indigent drug program; or
 - c) ineligible for Medicaid for reasons other than income, lack private medical insurance covering these medications and have been denied for acceptance into an indigent program; or
 - d) **Special circumstances requiring approval through the SRS Mental Health Community Support Medication Program manager.**

Applications for the Indigent Drug Programs can be obtained by calling these numbers:

Abilify	1-800-736-0003
Clozaril	1-800-257-3273
Geodon	1-866-443-6366
Risperdal	1-800-652-6227
Seroquel	1-800-424-3727
Zyprexa	1-800-488-2133

B. Disbursement of funds

The referring provider is expected to provide documentation that the person meets **all** eligibility criteria.

1. Authorization: The State Mental Health Hospital (SMHH) designee (Larned, Osawatomie, Rainbow) and the Community Mental Health Center (CMHC) designee will have the authority to notify Prescription Network to add or remove clients on this program. Authorized persons will complete and sign enrollment and termination forms and fax them to Prescription Network at 785-228-3951. **Referrals and terminations from physicians not associated with the CMHC or SMHH may be authorized with approval of the SRS Mental Health Community Support Manager.**

2. The enrollment period for the program is six (6) months or 180 days with a second enrollment period of six (6) months or 180 days allowed with SRS approval. **Persons needing continued support from this program beyond the first six (6) month period will require approval from SRS/MH Community Support Medication Manager.** An individual will automatically be terminated from the CSMP after the first 180 day enrollment period unless a new application form, along with a letter including the following information is provided to the SRS/MH Community Support Medication Manager:

1. alternate payment sources applied for;
2. services denied; and
3. current status of applications for other payment sources.

3. Providers must agree to document the monitoring of care given as required by the pharmaceutical manufacturer's protocol and standards for best practice.

4. Referring providers will monitor for both continued clinical and financial eligibility. Individuals who have a medication change, obtain medical insurance coverage for medication, obtain Medicaid or become otherwise able to pay financially will no longer meet the eligibility criteria for the CSMP. In these cases, a termination form must be sent to Prescription Network.